



Project No: _____

APPLICATION FOR BUILDING PERMIT

Building Division, City of Grove City
4035 Broadway Grove City, Oh 43123

Phone (614) 277-3075

www.grovecityohio.gov

Fax (614) 277- 3090

Property Information

Address: _____ Subdivision _____

Parcel ID: _____ Lot/Unit/Suite # _____ Zoning: _____

City: _____ St: _____ Zip: _____ HPA ☐ Rental Property ☐

Project Information

Project Name: _____

Cost of Construction: _____ Number of Structures: _____ No of Units: _____ Acreage: _____ Flood Zone: _____

Total Const. Square Feet: _____ (For Commercial, round to next 100 sq ft.) Ownership Type: ☐ Private ☐ Public

Type of Improvement: ☐ Addition/Alteration ☐ New Building ☐ Repair/Replacement ☐ Other _____

Heating Fuel: ☐ Gas ☐ Elec ☐ Other _____ Sewage Disposal: ☐ Public ☐ Private Water Supply: ☐ Public ☐ Private

Water Contractor _____ Sewer Contractor _____

Additional Project Information

Design Standard

- ☐ Ohio Residential Code 1999
☐ International Residential Code 2000
☐ National Electrical Code 2002
☐ Ohio Building Code 2002
☐ Ohio Mechanical Code 2002

Current Use Group: _____

Proposed Use Group(s): _____

Construction Type: _____

Occupancy Load: _____

Plans Information

Plans Prepared by: _____

Ohio Registration Number: _____ Architect ☐ Engineer ☐

Address: _____

City: _____ St: _____ Zip: _____

Phone: _____ Fax: _____ Cell: _____

* If plans are submitted as the result of an Adjudication Order,
enter order number here: _____

Design Professional Information

Designated registered design professional in responsible charge (106.3.4.1)OBC

Name: _____ Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Contractor Information

G. C. Registration # _____

Name: _____ DBA: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone # _____ Fax # _____ Cell # _____ E-Mail: _____

Signature: _____ ☐ Owner ☐ Authorized Agent

Owner Information

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Permit Fees (Office Use)

Building _____

Occupancy _____

Rec/Dev _____

Plan Exam _____

Water _____

Sewer _____

Other _____

Zoning _____

3% State Fee _____

Total Fee Due _____

Permit #

Receipt/Trans #

Check #

Date Entered:

Date Issued:

Plan Examiners Approval _____ Zoning Approval _____ Issuing Authorities Approval _____

Date: _____

Date: _____

Date: _____